State of Alaska
Department of Health
Division of Public Assistance

District Name _____

Report Month _____

Fee Agent Monthly Billing Report Form

Fee Agent's Name _____

Fee Agent's Last SSN or PVN _____

Fee Agent's Address: _____

Fee Agent's Telephone _____

Before you complete the form, read the instructions on the other side.

Applicant's Name (Please Print)	Applicant's Last Four SSN	Fee Agent Interview? (Yes/No)	Application Date	Date Application Mailed	GEN 50C (Interview done) $25	GEN 50C (Interview not needed) $15	HAP 1 $15	GEN 72 $15	GEN 60 $15	GEN 152 $15	ATAP proof of work hours $5	Total Amount Due

By signing the form, I hereby attest I am certified as a Fee Agent. I also certify that I am the Fee Agent who interviewed and/or assisted all applicants listed on this form.

Fee Agent Signature _____ **Date** _____ **Total Amount Due $** _____

GEN 50C	GEN 72	HAP 1	GEN 60	GEN 152
APA SNAP Medicaid ATAP Senior Benefits GRA	APA, ATAP, SNAP, SB, or Medicaid	Heating Assistance	GRA Burial	Senior Benefits

- **$25 for applications that <u>require</u> an interview (Aged, Blind, Disabled and Long-Term Care Medicaid, APA, ATAP, SNAP, or GRA)**

- **$15 for applications that <u>do not</u> require an interview (MAGI Medicaid, Senior Benefits, and Heating Assistance)**

- **$15 for all GEN 72's and GEN 60's**

- **$5 for ATAP proof of monthly work hours from employer**

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Instructions for Completing the Fee Agent Monthly Billing Report Form

1. Enter your **name, last four digits of Social Security Number, address, report month, and district number** at the top of this form. The report month is the month that you (the Fee Agent) received the applications. Complete a separate report form for each month.

2. In the **Applicant/Recipient's Name** column, print the name of each client who gave you an application form during the month.

3. In the **Applicant/Recipient's Social Security Number** column, write only the last four digit of the applicant's Social Security Number.

4. In the **Fee Agent Interview** column, write <u>Yes</u> if an interview was done and <u>No</u> if you did not interview the client. MAGI Medicaid, Senior Benefits, and Heating Assistance applications *do not require* an interview or the FA 1 form to be considered complete applications. All other programs require an interview and the FA 1 form for the application to be considered complete.

5. In the **Application Date** column, write the date that you signed the application.

6. In the **Date Application Mailed** column, write the date that you mailed the application to the office. This column must be complete.

7. In the columns for the application forms **GEN 50C, HAP 1, GEN 72, GEN 60, and GEN 152** write in the dollar amount for each form the client gave to you.

8. In the column for the **ATAP poof of monthly hours of work** write in the dollar amount for each individual you have collected the verification for. The verification payment is based on all required documents being submitted for a client, not based on the number of documents received.

9. In the **Total Amount Due** column write the amount due for all complete applications, forms, and verification you submitted. At the bottom, total the amount for all clients.

10. You must **sign and date** the form to get paid.

11. **<u>Send this form to the district office that serves your area</u>**. Remember, the district office must receive your signed report by the 10th of each month. If the district office receives your report after the 10th, it will be submitted for payment the following month.